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Vol. CVI MARCH, 1912 Number 3

NASHVILLE JOURNAL OF MEDICINE AND SURGERY

CHARLES S. BRIGGS, A. M., M. D., Editor and Proprietor
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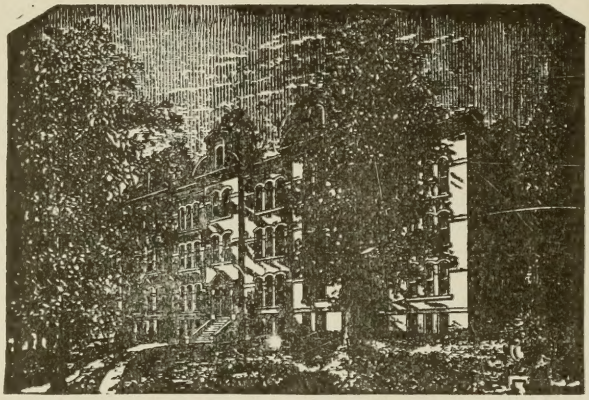

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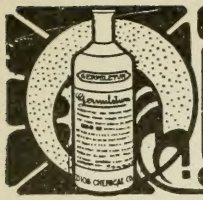

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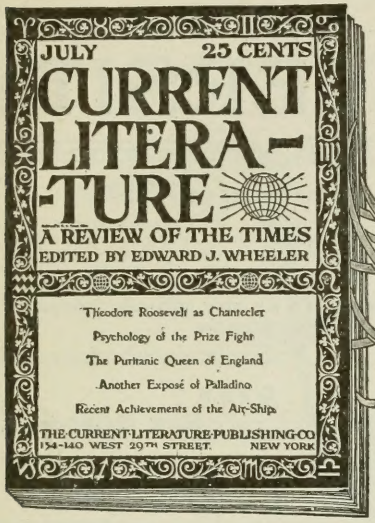
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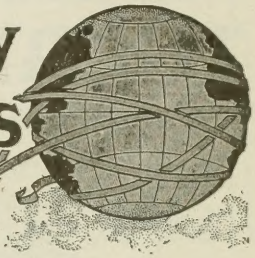

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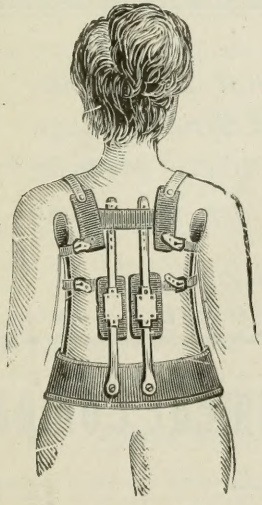

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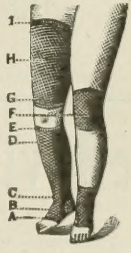

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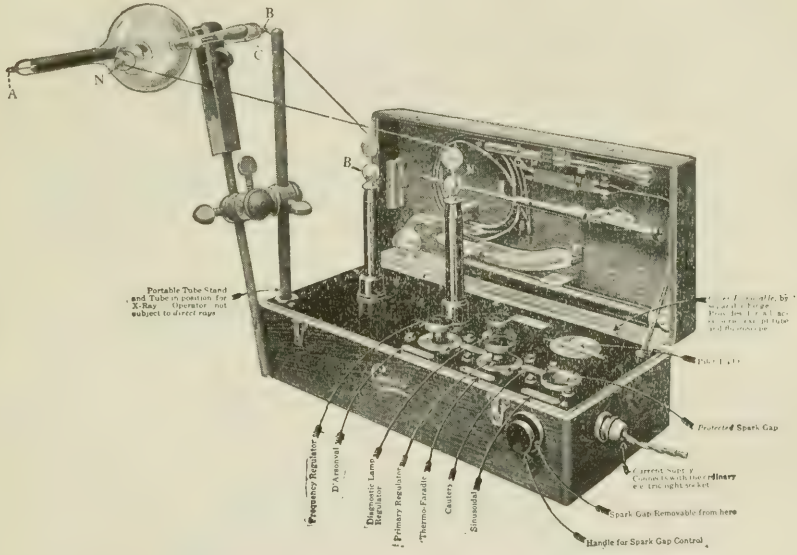

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CHARLES S. BRIGGS, A. M., M. D., Editor

VOL. CVI. MARCH, 1912. No. 3.

Original Communications

DISEASES AND DEGENERATIONS DUE DIRECTLY TO ALCOHOL.

BY T. D. CROTHERS, M.D.,
Superintendent Walnut Lodge Hospital, Hartford, Conn.

The time has passed for the discussion of theories, personal opinions and traditions concerning the value of alcohol as a beverage, food or medicine. The accumulation of facts from research work in laboratories, hospitals and accurate clinical studies, supported by practical experience, have taken the subject out of the field of theory, opinion and speculation.

Active practitioners, surgeons and specialists, find that every new study of causes and conditions, brings into increasing prominence the intimate relation of alcohol, as an active and predisposing agent, in a great variety of diseases and degenerations.

My purpose is to outline some of the more prominent of these, which are traceable to a very large extent to the use of alcohol, and indicate their importance in all the questions of diagnosis, prognosis and treatment.

ALCOHOLISM.

This term implies the traditional theories of vice, wilfulness and moral weakness. Even among medical men, it is regarded often with contempt and the question of disease, considered insignificant. In reality, the symptoms are most pronounced of

delirium, paralysis, poisoning and acute irritation, anemia and disturbed organic and functional activity, and there are no causes known which will produce the same complex symptoms.

Lead, arsenic and other mineral substances are capable of producing poisoning with symptoms that resemble it, but when compared there is a wide difference. The alcoholic complex symptoms which vary in different persons, and yet they follow a uniform line and progressive movement that is unmistakable.

Acute intoxication with or without delirium is always associated with stupor, and may be due to other causes than alcohol, and yet, alcohol as a cause is marked by some specific, special symptoms that are not easily confounded with others.

Alcohol may be a symptom and not a special exciting cause, hence the symptoms may differ. The most pronounced types of alcoholism are persons who use spirits steadily, often in small quantities.

Such persons are continuously poisoned, and whether aware of it or not, there is marked organic deterioration and perversion of the cell and tissue, which breaks out in some form or other, sooner or later.

A healthy person may take large quantities of alcohol and become acutely poisoned, but this ends in sobriety and restoration, but the man who drinks spirits, even in small quantities, steadily, has no period of rest for recovery and relief.

Alcoholism describes persons suffering from most complex degenerations as the direct result of the one specific cause.

Inebriety.

This term, like that of alcoholism, is not clear to many persons, and is used in a confusing way, but literally it is the name of a class of symptoms, pointing to a disease, which follows from the use of spirits taken with great irregularity and at long intervals.

The period between the use of spirits is one of apparent health in which no spirits are used, and the patient seems to be healthy and well. Then suddenly some distinct obsession provokes the use of spirits up to the point of excess, marked by a variety of symptoms which are termed in a general way, insanity.

There is a distinct storm session, resembling epilepsy in intensity and impulsiveness, which after a time passes off. This drink period may come on suddenly or slowly, beginning in an insignificant way, and then gradually growing up to full development, marked by irritation, delirium, anesthesia, then narcotism and a period of revulsion, disgust and practical immunity.

The free intervals may be uniform or irregular in their duration, but after a time become shorter and more marked. The attacks apparently seem due specifically to alcohol, and yet back of that, there are pathological and psychological conditions which provoke and appear in the demand for the relief and narcotism of alcohol.

There are some physical and psychical centers of irritation and psychoasthenia which precede these attacks.

Literally, the use of alcohol is a symptom, as well as a cause, and the first use creates an intense desire for the continuation of its use. Some profound disturbances of both functional and organic activities comes over the system and find relief in spirits, which brings anesthesia and rest. There is in this psychical impression that nothing can take its place, and bring such positive help. Innumerable instances indicate that both the taste and smell of spirits are repulsive and its effects dreaded, and yet the impulse to drink is irresistable.

Such persons go down through life held in the grip of a pathologic and psychologic force, which, with or without any active exciting cause, gathers and breaks at intervals in profound toxemia.

Here is a field for medical practice and medical help that is literally unoccupied, except by quacks and a few pioneers. These two diseases—alcoholism and inebriety—while closely allied in symptoms, differ widely in causes, and yet follow a uniform line, and move with a positiveness that can be predicted and studied, and all date to alcohol as the active and predisposing cause. They are both mental and physical conditions, and the possibility of cure and prevention, when known and treated by rational means, is, to say the least, startling.

There are a number of diseases which follow these conditions, which are called terminals—stages—marked by acute inflammatory infections in the organs. These appear from a study of a large number of cases, and are put down in the mortality list without reference to the actual causes.

Pneumonia.

Statistical studies of fatal cases of pneumonia indicate from 50 to 70 per cent in which there is a history of excessive use of spirits. These are the highest and lowest estimates, and hospital statistics amply confirm them. Pneumonia, nephritis, meningitis, and gastritis, are terms that describe the terminal stages of the alcoholics and inebriates.

The late Dr. Richardson of London called these cases pneumoparesis, in which paralysis of the branches of the pneumogastric nerves occur, dating from some central cause in the medulla, resulting in sudden palsy of the capillaries, terminating fatally in a few hours. These cases are by no means uncommon. Both inebriates and alcoholics are particularly liable to sudden death from pneumonia. The real causes are not understood, and are usually ascribed to chills, change of temperature, etc.

Acute clinicians and surgeons make a guarded prognosis where a person with an alcoholic history is taken ill with pneumonia.

Profound intoxication from spirits acts on the vital powers of cell and tissue, suspending them and diminishing the resistance to congestions and the growth of germs.

The same thing occurs in nephritis, with a sudden breaking down of cell and tissue from acute inflammatory action. Gastritis and meningitis manifest the same forms and conditions.

The anesthesia of alcohol has suspended their functional activities beyond the point of restoration, and collapse and inflammation follows.

Cerebral Hemorrhages.

The so-called apoplexies, shocks, hemiplegias and other forms of general and local paralysis, are common terminal diseases in

persons with an alcoholic history. Here statistics show a large proportion of fatal cases from this disease due to this one cause.

There is a great wealth of illustrative cases in this field.

The direct effect of alcohol on the vasomotor nerves in diminishing their contractile power and increasing the tension is a very active predisposing cause. All persons who use spirits show a high degree of arterial tension and sharp tendency to congestions.

The arteries in the alcoholic and inebriate, are practically vulcanized, the muscle cells being replaced by fibrin and the walls rendered thick and hard. In all probability this excess of fibrin and deposits in the walls of the arteries, extends to all other organs. The brain, in particular, suffers, and as a result, fractures occur, with local or general palsies.

Cerebral hemorrhages should always suggest alcohol as an active or predisposing cause, and the question of treatment should turn on this fact. Illustrations are very common in every day experience of this condition, and while not always fatal, the invalidism and defects which follow are serious.

Neuritis.

Inflammations and degenerations of the neurons of the terminal nerves (called rheumatism by many persons) is one of the most common terminal diseases that follows from the use of alcohol. Both the alcoholic and inebriate rarely escapes this affection, although referred to other causes.

The fact that the toxins from spirits circulating in the blood have a particular affinity for the brush ends of the nerve terminals, and set up inflammatory foci, is clearly recognized. The pain and irritation is reflected along the muscles and in distant parts of the body.

Cramps in the muscles, continuous or spasmodic pains along the nerve trunks, hyperesthesia or anesthesia of the muscles, are the most common symptoms.

Alcohol seems to be the most common of all the causes, and nearly all inebriates and alcoholics exhibit symptoms of this condition. The almshouses, and the insane asylums have a great

variety of illustrative cases, and the incurables in every town and city, with an alcoholic history, bring out the fact of local inflammatory erosions of the nerve terminals.

There are other prominent diseases and terminal degenerations which refer specifically to the toxins of spirits and the action of alcohol on cell and tissue. Modern literature and recent textbooks contain such names as alcoholic epilepsy, alcoholic mania, dementia, paresis, idiocy and so on. The word alcohol is used to describe the most common and prominent cause. These indicate beyond question the tremendous advance in the etiological studies of the exciting and contributing causes of disease. At present they only outline a few of the conditions directly resulting from alcohol.

Beyond this, there is a large unknown range of active and contributing causes which enter into the production of disease, awaiting exploration, with an equal promise of revolutionary discoveries, equal to that of germ diseases.

Degenerations Due to Alcohol.

This term describes morbid changes, reversions from the normal, the breaking down of cell and tissue, and the promotion of diseases conditions and susceptibilities to disease. In a general sense, it must be understood to mean, both functional and organic, diseases and tendencies to break down.

Among the very common degenerations following from the use of alcohol is its effects on cells and neurons. First, the dehydrating qualities of alcohol, outside of its oxidization, falls most heavily on cell growth and cell activity.

The sudden abstraction of water changes the form and structure of all cell life. Persons who have died under the influence of spirits show cell wreckage, distortion, corrugation and shrunken cells, both of blood and serum.

Persons intoxicated show these cell changes, which pass off after the anesthesia of alcohol has disappeared. Laboratory experiments on animals that are given spirits show marked erosion of cells and neurons, peculiar to those who receive spirits, and not seen in others.

Second, there is a distinct anesthetic action on the cells and their activity. Their movement is suspended, checked and diverted, and this is also measurable by laboratory experiments. From large quantities of spirits, cell anesthesias may extend over large areas, from small quantities, the effect are not noticable, and yet they exist.

Third, there are changes in the metabolism, shown in the plasma and chemical changes in the food products. The normal conditions are broken up. There is an excess of fibrin and fats. The oxidizing processes are changed and new products are formed, which become toxic, and are carried to all parts of the body.

In the alcoholic who uses spirits continuously, these changes are marked by low vitality, deranged heart's action, disturbed nutrition and faulty reasoning. The beer drinker, who uses small quantities of beer, loaded with ferments and foreign products, shows excessive development of fat over the abdomen and about the heart, with morbid growths, deposits and perversions of fibrin and fat compounds.

The excess of fibrins in the walls of the arteries bring about changes that tend to derange and pervert the normal rhymetic flow of blood plasma. Very interesting experiments, or rather utilization of these facts, are carried on in dog kennels, where, by feeding small quantities of alcohol, the growth of the animal is suspended; and this, carried on for one or two generations, develops in a new breed of dwarf dogs. The toy dogs are all the direct result of breeding and the use of alcohol to prevent growth.

This is further illustrated in emigrant women and others, whose children have been given wine and beer in early life in place of food. Their impaired growth and vigor is a striking illustration of the degenerate effects of alcohol.

A clinical fact of great significance is the sudden flush noted in the capillaries of the face from the ingestion of a small quantity of spirits. This is a literal palsy of the vasomotor centers. Later, where spirits are taken continuously, it becomes more or less permanent, and extends to the nose and cheeks, and are facetiously called "rum blossoms."

In reality it is not a local condition, but extends to the entire capillary system, and is most significant of general vasomotor paralysis and deranged circulatory action.

The hardening of the walls of the blood vessels may result in a blocking of the currents, cutting off the nutrient supplies in certain areas, followed by anemia and hyperanemia.

It would be difficult to forecast the general or special degenerations following from these derangements of the circulation, and yet it is clear that profound changes exist, are going on, and possibly localizing in certain sections.

Another clinical fact is not often recognized, that in addition to the alcohol taken in the system, there are chemical and metabolic changes, which result in new toxins and compounds that still farther increase the derangement.

The term auto-intoxication describes conditions that exist in all cases not recognized. Nutrition shows this in the pronounced changes and disturbances, and gastritis is a name for the effects of direct agents taken with and formed from the action of alcohol. The derangement of the intestinal canal brings further evidence. The number of foreign products seen in the urine are indications of this injury. Thus indican, cholin, lecithin and phosphorous compounds, with nitrogen-sulphur excretions, are all toxic products formed and thrown off.

Albuminuria and glycosuria so prominent in extreme alcoholic stages are still further evidences. In delusional and convulsive conditions, both the urine and blood exhibit the presence of toxic bodies referable to alcohol.

There is a large number of cases where the symptoms of degenerations are obscure, and yet, clearly present. Such persons later pass into the penumbra of insanity with or without exciting causes. The fact of having drank spirits is an unmistakable indication of lower vitality, increased susceptibility to disease of all kinds.

Studies of fatal cases among mill operators and men in the transportation business bring out this fact. Persons who are injured by blows on the head, broken bones and lacerated wounds

that are of a trifling character, exhibit grave symptoms and fatality that is unusual and startling. Further inquiry shows that they are alcoholics and inebriates. The presence of an epidemic shows unusual gravity and fatality in persons of this class. The sudden deaths of apparently vigorous, strong men, from obscure and insignificant causes, have the same history, which points unmistakably to some form of degeneration, predisposing and encouraging this condition.

The great borderland degenerations and obscure diseases called paranoias, neurasthenias and other vague names in which the symptoms are entirely out of proportion to the supposed causes, when examined, date back to alcohol as a cause, both exciting and contributing. There is a wealth of illustrative cases and facts in this field which have not yet been studied except in individual instances.

There is one conclusion that forces itself with startling significance on the mind of every practitioner. Here is a field of causes and conditions following with possibilities of medical help, prevention and correction that is practically unrecognized.

Armies of laymen and reformers, with a dim conception of the danger from this source, are making most herculean efforts to overcome the evils entirely from a moral and theological point of view. Recently, unscrupulous quacks, with claims of specific remedies, and results that border on the miraculous, are occupying this field, seeking to take advantage of the feeling of alarm and possibility of medical help, that is growing in all sections.

The entire problem is a medical one, requiring the highest kind of scientific skill and discernment to trace the results from certain causes and point out means and methods of cure, and yet the profession as a class stand aloof and look on the efforts of laymen and quacks with distrust and doubt.

The physician of all others should be the teacher and authority concerning the use of alcohol in every community. The problem is a medical, hygienic and scientific one. There are no ethics or morals in this question of facts. There are no disputed questions of prohibition license, control and punishment of the victim. These

belong to laymen and non-experts who know very little of the great underlying causes.

Empiric methods and means, with marvelous results, are parts of the history of every great advance in science. A new field of medical work is open at our doors and quacks and reformers are forcing it upon public attention.

Great armies of alcoholic-diseased men and women are seen in every community. They are mutely calling for help. They appeal to the medical men for means of relief, cure and prevention, and like the Levite, we pass them by on the other side.

There are no theories in this. It is a question of facts, and their meanings and the medical profession are called by every consideration of duty and obligation to study and recognize these conditions. The few pioneers in the field show the possible means of prevention and cure from a larger knowledge and more thorough understanding, and are calling everywhere to their brothers in the profession to come up and occupy this new field of practice.

This is the imperative need of the hour, and this is the new land for medical study at our very doors, white for the harvest, with possibilities beyond any conception of the present.

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In view of the ever-increasing popularity of the official drugs and preparations of the United States Pharmacopocia and the National Formulary among the member of the medical profession, it may be interesting to note a few reasons for this fact.

These official preparations are of a definite and known composition and strength; they are active therapeutically; they are economical to use; all the ingredients being known there is no occasion for prescribing contraindicated drugs; their titles as used in prescription writing can not be read by the laity, hence self-medication is manifestly rendered almost impossible.

To supply our readers with authoritative information regarding these preparations we have determined to establish a department in our journal with the above heading and to each month discuss two or more of these preparations. This month we will feature the Compound Syrup of White Pine N. F., and Tincture of Digitalis, U. S. P.

Syrupus Pini Strobi Compositus, N. F.

The Compound Syrup of White Pine, N. F., represents in each teaspoonful dose, the following: 5 grains each of White Pine bark and Wild Cherry bark; 5/8 grain of Sassafras bark, and contains also 1-32 grain of Morphine Sulphate and 1/3 minim of Chloroform.

The Sugar-content is 75 per cent and the Alcohol-content is 6 per cent. May be given in doses 4-8 Cc. (1½ fluiddrams).

Probably no similar preparation of a like nature or of a proprietary character has such effective sedative expectorant properties. It has a pleasant taste and may be prescribed in connection with other expectorant remedies if desired.

The ingredients of this preparation are well blended. The aromatic properties of the sassafras and the stomachic properties of the wild cherry serve to control any irritability of the stomach, which often manifests itself in the administration of cough remedies. The antiseptic properties of the balsamic resin in the Balm of Gilead also serve a most useful purpose in removing any bacterial inflammation present.

Occasions may arise where the use of morphine is objectionable in this syrup. In such cases it may be omitted. It can also at times be replaced by menthol with advantage. Otherwise, however, the combination is a good one and ought not to be interfered with.

The expectorant action of this syrup is mainly to diminish secretion, and it would therefore be an improper remedy where an increased secretion is the object sought. The choice of expectorants must be governed by the condition of the mucus, and in a measure by the general condition of the patient.

Tinctura Digitalis, U. S. P.

Tincture of Digitalis represents 10 per cent Digitalis, and contains about 46 per cent of Alcohol. Its dose is from 0.3 cc. to 1.5 cc. (5 to 25 minims). It has a brown color, with a suggestion of green, a narcotic odor characteristic of the drug, a somewhat bitter taste, and is miscible in all proportions with alcohol and water.

While some clinicians endorse the therapeutic use of isolated Digitalic constituents, these are mostly in the experimental stage as yet, and accordingly, most practitioners favor the standard U. S. P. tincture for reliability.

Digitalis produces a direct stimulation of all forms of muscular tissue, of the vagus ganglia, and of the medullary centers, the most useful being the stimulation of the cardiac muscle, producing a more powerful systole, and later a lessened diastole. It is undoubtedly the most valuable remedy at the command of the medical profession in cardiac and renal dropsy.

Most authorities are agreed that the recumbent posture must be maintained when the drug is given for its full cardiac effects. If given for any length of time the heart is so strained by overstimulation that on suddenly assuming the erect position the cardiac energy may fail, and especially if the doses are administered too closely together.

Digitalis is slow in action, requiring from thirty-six to forty-eight hours to manifest its full intensity. A common mistake is often observed in that too large a dose is prescribed at first which tends to premature arterial contraction and cumulative effects. Elimination of Digitalis is also effected very slowly.

It is contraindicated in a slow pulse due to weakness of the heart wall; an incompetent aorta; dyspepsia; any form of cachexia, where the drug has already been used for some time; and it should also be given with great care to persons with fatty degeneration of the heart and dilation.

A point worth remembering is that when the cardiac effect of Digitalis is desired the tincture should be employed, and the ingestion of any aqueous fluid be prohibited within thirty minutes,

either before or after swallowing a dose. If the diuretic action is required, the proper preparation to use is the infusion (Infusion Digitalis, U. S. P.). This infusion represents the aqueous extract of two grains of Digitalis to each dose, an average dose being 8 cc. (2 fluiddrams).

The reason for this is that those active principles of Digitalis which are soluble in alcohol (represented by the tincture) produce the characteristic cardiac effects of the drug, while those principles soluble in water (represented by the infusion) produce the diuretic effect.

Selected Articles

CHOLECYSTITIS ACUTISSIMA HAEMORRHAGICA.

BY PRIVATDOCENT DR. BRUNING,
of the Surgical Clinic at the University of Giessen.

(Translated from the *Deutsche Zeitschrift für Chirurgie* for the *Nashville Journal of Medicine and Surgery.*)

BY HOWARD S. JECK, M.D., NASHVILLE, TENN.

He who frequently examines surgically removed gall-bladders by microscopical methods, will make the observation that the clinical symptoms and the pathological-anatomical findings by no means always correspond; indeed they oftentimes appear to be contrary to each other. It is especially the clinical picture of acute cholecystitis in which one frequently misses an anatomical finding which explains the severity of the condition. While in some cases there are found severe necroses of the mucous membrane, in others one sees—and these are not the lighter cases by any means—changes in the wall of the gall-bladder which are, microscopically, hardly perceptible.

The correct diagnosis of a disease as cholecystitis acuta is frequently difficult for the one who is skilled, so that it is not to be wondered at if, under the unfavorable circumstances of a general practice, incorrect diagnoses, such as appendicitis, intestinal obstruction and gastric perforation are frequently made. An acute inflammation of the gall-bladder is characterized especially by the fact that it begins very suddenly with most severe symptoms. We have at once the picture of a very sick patient before us. Violent pains, which are at first always located at the right costal arch, radiate over the whole right side of the abdomen and soon toward the left. In the back between the shoulder blades and in the right arm, the patient complains of twitching sensations and sharp pains. The body is sensitive to every movement, so that on account of marked tension of the abdominal muscles, there is

frequently nothing to be gained by palpation. One oftentimes feels the liver and the enlarged gall-bladder, which may extend down so far that a confusion with appendicitis is likely. The arterial system shows the signs of collapse, a small, hardly perceptible pulse, a pale face covered with sweat. The condition of the temperature is variable; high fever may exist, still there are found cases which show hardly a moderate rise. If gangrene of the bladder is imminent, peritoneal symptoms tend to set in. Eructations and vomiting are a frequent manifestation in the further course of cholecystitis acustissima. If, in addition to the above a reflex intestinal paralysis is associated, so that for several days no stools pass, and the evacuation of flatus likewise ceases, one may well consider an intestinal obstruction. The history in consideration of a gall-bladder disease is not always reliable; many times the patients have never complained before; at other times stomach cramps or enlarged livers have existed for years. Only occasionally is a diagnosis of cholecystitis made earlier.

Concerning the pathological-anatomical changes of the gall-bladder, we have yet no very consistent description. As remarked in the beginning, one sees in cholecystitis acutissima all transitions from a slightly altered mucous membrane to one of a high degree of destruction. In these latter most severe forms, the contents of the bladder is at times mixed with blood, which either extravasates with the leucocytes through the vessel walls or comes from the capillaries opened by the necrosis of the mucous membrane. These quantities of blood may appear so prominently that one speaks at once of a cholecystitis hæmorrhagica. Yet, according to the experience of Kehr and Körte, larger hemorrhages occur, though rarely. On that account, I should like to report here a case of cholecystitis hæmorrhagica acutissima, which stands out from among the 1,600 cases operated upon for gall-bladder disease in this clinic.

On the 1st of September, 1908, I was called away to see a woman sixty years old, in whom ileus was suspected. The history showed that the patient had suffered of late years from attacks of weakness and dizziness, and was treated by her family

physician for myocarditis. Disturbances on the part of the liver, stomach and intestinal tract were never recorded.

Eight days before, during a ride on an electric car, the patient perceived a violent pain in her abdomen, which she was not able to localize more definitely. The patient was put to bed and the condition improved somewhat, but a marked thirstiness set in. The patient looked strikingly pale. She remained in bed for days. Only occasionally was there a bowel movement, slight in quantity, but of normal appearance. On the eighth day, another attack of pain came on, much more violent than the first, and which was only alleviated by large doses of morphine. The pain seemed to be located over the whole abdomen and radiated toward the back. There was no passage of stools and flatus, though several different kinds of enemata were given; a purgative was likewise followed by no result. During the whole course of the disease, there was no nausea. On the evening of the second day after the last attack, I saw the woman.

Status Presens.—For her age, a robust woman, and not very fat. Skin and mucous membrane pale; very languid facial expression; pulse small, accelerated, intermittent; no fever; abdomen somewhat distended, but without especial tension. There was no intestinal peristalsis visible; no intestinal sounds were heard. You could feel in the right side of the abdomen a very painful resistance, which at its beginning at the right costal arch was broad and diminishing in size from above downwards, extended below the level of the umbilicus. The surface of the tumor felt uneven. Ascites was not demonstrable. The diagnosis of cholecystitis acutissima was made. There was probably a threatening gangrene of the gall-bladder, or already a consequent perforation into the omental adhesions.

The patient agreed to the proposed operation, which then could be done in Giessen under more favorable conditions than in smaller places. The patient bore the trip well. Patient did not grow worse, still there was no improvement.

The operation was done under scopomorphin—chloroform narcosis—vertical incision in right rectus muscle. The right lobe of

the liver was widely displaced; the greatly enlarged gall-bladder extended a good four fingers' breadth beyond it. The omentum had wrapped itself around the gall-bladder and was adhering lightly to it. After the separation of the protecting part of the omentum, the blue-green, gangrenous, discolored fundus of the gall-bladder could be seen. Since the gall-bladder was filled to such a degree of distention that one had to fear its bursting, it was punctured. But in spite of the large trochar and canula, no entrance could be gained. On sticking the trochar in, it felt like a firm hard mass. On further examination, we found the serosa of the bladder wall reddened, and in places covered with fibrin. The cystic and common bile ducts were not enlarged, and no stone could be palpated in them. In Glisson's capsule there was a slight edema.

The freeing of the bladder from its fossa in the liver, and its removal from the cystic duct, offered no difficulties. A branch of the cystic artery spurted and was ligated. From the cystic duct clear bile flowed. In the common bile duct there was no stone found on sounding, and the duodenal papilla was patent.

Drain and tampon were applied to the ligated stumps of the cystic duct. Abdomen then sutured. Uninterrupted recovery, without complications. Highest temperature on the second evening, 37.2°C (99° F). On the fourteenth day, the patient left her bed. In order to avoid thrombi and hypostasis, breathing exercises were carried on and the patient instructed to move her legs amply. She always sat up in bed.

Later Progress.—A year after the operation the woman reported she felt entirely well. She has never again had the slightest trouble.

The Preparation.—The cystic duct was narrow at the place where it was severed. The swelling of the mucous membrane, which was overcome by a sound, prevented open communication with the bladder. The latter itself was greatly enlarged, its walls thickened (1.5 c.m.), edematous and hæmorrhagic. In the bladder no stones were found, only little firm cruor masses, having a shell-like form and similar to the blood coagulum in an aneurismal sac. The mucous membrane was apparently completely lack-

ing, for you could see only firm reticulated connective tissue. Towards the fundus, there were many ½-1 m. m.-sized openings similar to the openings of vessels from which black, hard thrombi projected. The discolored gangrenous portion was very thin, nearly perforated.

Microscopic.—Cystic duct. The mucous membrane showed well developed folds with epithelial surface preserved. The submucosa was loosened by an edema, rich in fibrin. The muscularis showed small-celled infiltration in places, besides numerous extravasated red blood corpuscles. The connective tissues was not increased. The arteries and veins were without pathological change. Every indication of arteriosclerosis was lacking. The elastic fibres formed in the submucosa a thick, variously interwoven network. On the serosa lay edematous aggregations of fibrin and cells.

Neck of the bladder.—The mucosa was lacking completely or was changed into a homogeneous mass not taking a nuclear stain, in which you could still recognize widely dilated and filled vessels. Under the otherwise normal muscular layer was a broad layer of tissue saturated with extravasated blood. The whole bladder wall was loosened by edema. In a few places there was a small-celled infiltration. Vessels normal.

Body of the bladder.—Mucous membrane and submucosa were lacking or were necrotic. The muscularis was torn apart by blood and edema, rich in fibrin. The chief part of the blood also lay here toward the outside under the serosa.

Fundus of the bladder.—Mucous membrane and submucosa were lacking. The wall was thin on account of the lack of edema. This part of the gall-bladder had evidently been under high pressure. There was no free blood in the tissue, but it had collected in larger cavities communicating with each other and was coagulated. In some places, the bundles of muscles, limited toward the inner side, were forced apart and the space situated intramurally opened itself on the inside of the bladder, into which the coagulated blood projected. There were the microscopically visible openings with their firm thrombi. Serial sections showed that

the spaces had no connection with blood vessels but were lymph spaces widened by the collecting of the blood. From the endothelium, no organization of the thrombi masses had begun. Bacterial staining gave a negative result in all the different sections.

To briefly recapitulate: In an elderly woman who apparently had never suffered from an inflammation of the gall-bladder, such a condition suddenly appears and with unusual violence. After an endurable interval of eight days, a new attack of pain follows, which brought about an operation. A gall-bladder overdistended to the extent that gangrene threatened, is found, and contains coagulated blood only. Also microscopically is found no indication of previous inflammation. There is, accordingly, a cholecystitis acutissima hæmorrhagica. In the absence of every other reason, the hemorrhage is to be explained only by the fact that in consequence of a sudden bacterial infection, swelling of the mucous membrane, edema and hemorrhage came on. The mucosa became necrotic, perhaps, through compression of its vessels by the inflammatory edema, capillary lumina were opened and now sent their blood partly into the lymph spaces, partly into the gall-bladder direct. The hemorrhages must have taken place fairly suddenly, and yet, I believe it follows, from the shell-like nature of the coagula, that several hemorrhages resulted, and not two only as one might think from the history. That, later, the examination for bacteria was without result does not argue against an infection, since we not infrequently find sterile bile in acutely inflamed bladders. The obstruction of the cystic duct, which in many cases of acute cystitis is brought about by a stone, was in this case solely caused by the swelling of the mucous membrane, aided perhaps by an angularity at the neck of the bladder. As mentioned before, similar cases have been seldom described in the literature.

At the Surgical Congress in 1904, Rehn, in a discussion of observed cases, reported briefly a pertinent case which had been diagnosed as intestinal obstruction, and by the operation for that condition, an enlarged gall-bladder, filled with blood, was brought to light. Microscopically there was the picture of a cholecystitis acuta hæmorrhagica. In the bladder were stones, which might

easily have caused ulcers by pressure and erosion of the vessels.

Köre cites in his *"Chirurgie des Gallenwege"* (Surgery of the Biliary Ducts), a case in which the bladder firmly adherent to the neighboring viscera, contained 100 c.c. of bloody fluid and many blood clots, in which numerous pea to bean-sized stones were imbedded. The microscopical diagnosis here also pointed to cholecystitis acute hæmorrhagica.

In conclusion, Pereira and Harris (Lancet, 1906), report the case of a woman whose history of her sickness has the greatest similarity with my case in so far as the manifestations of hemorrhage appeared so conspicuously. The afflicted elderly woman had already had many attacks of gall-stone colic, which subsided best when she would take a walk. When she in a particularly violent attack, employed again her usual remedy, she was so overcome by a feeling of faintness and languor that she had to be helped home by strangers and put to bed. She presented the picture of collapse, was pale and delirous. On examination, no enlargement of the liver or gall-bladder was found; however, there was a sensitiveness to pressure at McBurney's point. Pulse 100, temperature normal. Marked thirstiness. In the course of a few days there developed a resistance in the upper right side of the abdomen, which extended to the anterior superior iliac spine. Since the temperature rose to 37.7C (99.9F) and the pain increased, steps were taken to operate. Cholecystostomy in two sittings. In the bladder were raspberry-colored mucous membrane and innumerable little gall-stones. The authors rightly designate the condition as an acute hemorrhagic cystitis.

In all these cases cited, stones were found in the bladder, which, perhaps, through the formation of ulcers, due to pressure, might be made responsible for the hemorrhage. However, I do not believe that this is the proper explanation. In these three cases, as also in mine, one should consider the hemorrhage as a symptom of the acute inflammation of high degree.

I have called the disease running the very fulminating course cholecystitis "acutissima" in order to reserve the expression "acuta" for the less severe attacks.

It would yet be well to consider if one should not treat such a disease expectantly or be satisfied with a cystostomy. I believe the operative findings, the imminent gangrene of the bladder, justify our procedure. Cystectomy, however, is in our clinic the operation of choice, from which we depart only under very pressing contraindications, since it alone can guarantee a lasting cure.

Extracts from Home and Foreign Journals.

SURGICAL

Mastoiditis, A Symptom of.

The author calls attention to a symptom which is often present in early, doubtful cases of mastoiditis, and which he considers valuable as corroborative evidence. The symptoms consists in a blurring of the outline of the mastoid tip as contrasted with that of the healthy side. It is quite distinct from any localized swelling, such as precedes a perforation of the mastoid cortex in the formation of a subperiosteal abscess, or a case of Bezold's mastoiditis, and is elicited by grasping the tip of the mastoid, anteriorly and posteriorly, between the fingers of one hand while exercising a control with the other hand on the healthy tip of the other side; the difference of definiteness of outline is then easily appreciable.

In a large number of cases of acute mastoiditis, the presence of this symptom in conjunction with an acute middle-ear suppuration led the author to operate, though the patient was apparently progressing as favorably as usual, and in every case the operative findings confirmed the value of the symptom as an indication for operation. Of course, a negative finding has not the importance attached to the positive.

The swelling from otitis externa may sometimes lead to doubt, but this form of swelling is almost always reduced in a few days by local treatment and the use of the ice-bag, upon which event the above symptom becomes manifest if an acute mastoiditis exists.

The blurring of the outline of the mastoid is due to a mild inflammatory infiltration of the periosteum and adjacent soft structures, brought about by their juxtaposition to the underlying inflamed bone. H. A. Alderton (*Medical Times,* January, 1912).

Non-Union of Fractures.

The fault in true non-union of fractures, according to J. S. Horsley, Richmond, Va. (*Journal A. M. A.*), is due to the failure of the tissues to deposit lime salts, and after excluding all local and constitutional causes there still remains a group of cases in which this condition seems to occur and the bones fail to unite. There are two indications for the treatment of these cases, namely, to increase the quantity of lime salts in the blood, and, second, to induce a larger quantity of blood-flow through the affected bone. The first indication is met by the administration of calcium salts, usually in the form of hypophosphates. Thyroid extract has been recommended, but its methods of action is uncertain and reports are conflicting as regards its efficacy. It may, however, act as a hormone. The diet and personal hygiene must, of course, be carefully attended to. The second indication, increasing the circulation, must be carried out by local measures, and Horsley recommends the introduction of a sterile foreign body into the tissues to induce hyperemia. This idea was suggested to Dr. Charles Mayo by the fact that a sequestrum or a clot induces a growth of new bone around it. He therefore uses a sterile ivory pin in the medulla of the bone in cases of ununited fracture. It does not fit tightly, is unabsorbable, and instead of the ends being smooth they should be a little jagged, so as to induce blood-clots and hyperemia. Another useful measure is Bier's hyperemia, obstructing the venous circulation for from ten to forty minutes every day. An important matter is the amount of bone to be made. Frequently in these cases the ends of the bone are one solid mass, which exhausts and blocks off the nutrition. Hence it is advisible to drill out the end of the bone and expose the medullary cavity, which is best done with a burr, though a small chisel may be gently used to enlarge the opening. Horsley reports a case, showing the difficulty of nutrition in these cases. The matter of fixation of the fracture is probably the least important matter. With good personal hygiene, absence of constitutional trouble and observance of the local indications, such as cleaning out the ends of the bone and roughening them and in-

serting an ivory pin inside, it matters little what method of fixation is used so the limb is put in its proper axis. He uses a silver plate fastened by one or two screws in each end of the fracture. This is best placed on the periosteum, or if that has been denuded, it should be sutured around the plate. The wound is closed without drainage and a plaster-of-Paris cast or some other splint applied. The retentive apparatus should be used for several months, changing it every few weeks. After three or four weeks it is best to begin the use of the limb very gradually, increasing it each day.—*The St. Louis Medical Review.*

The Use of a New Opium Preparation Before Anesthesia.

A. M. Hellman, New York, states his objections to the use of morphine as shallow, insufficient respiration; inactive or absent corneal reflex; contracted, inactive pupil; abnormally slow pulse during anesthesia, and an occasional morphine collapse: no effect on post-operative vomiting, but afterwards, restlessness, constipation and lessening of secretions.

Pantopon, first introduced by Sahli in 1909, is an opium preparation containing the total alkaloids of opium in readily soluble form and suitable for hypodermic injection in sterile solution. The dose is from gr. 1-6 to gr. 1-3, hypodermically, and may be safely repeated. Hellman, in investigating its use in fifty cases, gave in each an injection of gr. 1-3, combined with atropin, gr. 1-100, as nearly three-quarters of an hour before operation as possible. This was difficult, for some patients received the injection too early because of postponement on account of previous operations, and others at the last moment, the effects in the first instances wearing off too soon, and in the last not manifesting themselves till near the end. Anesthetics used were ether and anesthol on an open mask.

Cases unaffected by the drug were, first, in which the patient was very alcoholic, and operation was started five minutes after injection; second, a bad phlegmon in an alcoholic, and in which

scopolamine and morphine were likewise ineffectual; third, an interrupted anesthesia for ulcer of the tongue.

The quantity of anesthetic was little for the length and nature of the operations and the method of administration. It could have been less had the anesthetizers realized how much they could depend on the pantopon when the patient was seemingly only superficially anesthetized. In 31 cases there was no vomiting; 11 vomited but once and slightly; 8, two or more times.

Comparing the drug with morphine, respiration was less shallow and never insufficient; the corneal reflex was not affected; the pupils were contracted, but never rendered entirely inactive; the pulse was steadied, and there was not a single case of collapse. Post-operative vomiting was lessened, and will probably be rare when it is understood that the quantity of anesthetic may be reduced. There was no noticeable constipation or diminution of secretions. Post-operatives narcotics were not required so soon as previously. In later cases, Hellman has left off the use of atropine.—*Virginia Medical Semi-Monthly.*

Sunlight in the Treatment of Tuberculosis of the Bones and Joints.

Professor Bardenheuer, of Cologne (*Deut. Ztschr. f. Chir.* Bd. 112, Hft. 1-3), writes encouraging of the value of sunlight in surgical tuberculosis. According to his observations in Rollier's sanatorium excellent results are to be obtained in cases of tuberculosis of the spine with fistulous tracts, while hip-joint disease is cured there by sunlight alone. Of Rollier's 369 cases of surgical tuberculosis, 77.3 per cent were cured, 13 per cent improved, 8.5 per cent remained unaffected, and 4 per cent died. Since his visit to this sanatorium Bardenheuer has employed this treatment at his clinic in Cologne in ten cases of tuberculosis of the joints without an external opening. The most striking results were obtained upon fistulas following joint resections which, even if of long standing, closed promptly.—*International Journal of Surg.*

OBSTETRICAL

Ovarian Cyst with Twisted Pedicle and Hemorrhage into the Cyst, Complicating Pregnancy.

Dr. Herman J. Boldt reported the case of a woman, thirty-four years of age, who had had a child two and a half years ago. She was again pregnant four months. Six days previously she was seized with cramp-like pains in the left lower abdomen, and they had not entirely ceased. She asserted that since the beginning of her pregnancy she had had three such attacks, but the previous ones soon disappeared. The examination, soon after the beginning of the pain, was said to have revealed the presence of a small tumor about the size of a hen's egg. When the patient was examined by Dr. Boldt the tumor had markedly increased in size, the abdomen was sensitive to touch, and it was evident that a local peritonitis was present; this was shown subsequently upon operation by the presence of intestinal and omental adhesions. The diagnosis of an ovarian cyst with a twisted pedicle and hemorrhage into the cyst was based upon the sudden occurrence in the size of the tumor, the intraperitoneal position of the tumor, and its close relation to the uterus. Upon operation the diagnosis was verified. There were two twists of the pedicle.—*Medical Record.*

Eclampsia Without Convulsions or Unconsciousness.

Schmidt (*Zeit. f. Geb. u. Gyn.*) says that the typical changes in the internal organs in eclampsia are degenerative processes in the parenchyma of the kidneys and especially in the epithelium of the tubules, with production of albumin and fat, and local degenerative necrosis; in the liver, hemorrhagic necrosis, with thrombosis of the capillaries and the inter and intralobular vessels; hemorrhage and softening in the brain, membranes, and central ganglia, with thrombosis of the small vessels; albuminous and fatty changes in the heart muscle and

hemorrhage and necrosis of these tissues. There are cases of puerperal poisoning in which convulsions and even coma are entirely absent, that still are cases of the kind of poisoning that causes the symptoms of eclampsia. He describes such a case with only slight albuminuria and swelling of the ankles, which died, and at autopsy showed these characteristic changes in liver, kidneys and brain. He also cites twenty-four cases similar to his own. There were premonitory symptoms of eclampsia, but these were not followed by convulsive seizures or coma. There were relatively often anomalies of the placenta necessitating interference. The prognosis for the child was better in the cases that recovered than in those which died. The author concludes that there is a characteristic pathological condition in eclampsia; when this is found postmortem we must conclude that the cause was one of eclampsia even when convulsions and unconsciousness are absent.—*Charlotte Medical Journal.*

Case of Salpingitis Infection Following Conception.

Case presented by Dr. Morgan.—Dr. Morgan showed a case of a woman thirty-one years of age, married, with one child eleven years of age, and a history of several miscarriages. Her husband stated that she was exposed to gonorrhea, but she gave no history of inconvenience. Four weeks before admission to hospital she called her family physician, who found her in pain and bleeding. She said she had missed one period and was afraid she was going to miscarry. Bi-manual examination showed a mass posterior to the uterus, and a diagnosis was made of a probable ruptured ectopic pregnancy. When seen a little later there was a tremendous mass. On consultation she had been removed to the hospital and a laparotomy performed, and a pregnant uterus found. There was nothing to indicate a submucous or an intramural fibroid. Further examination brought to light a tubo-ovarian cyst on the right side and a chronic pyosalpingitis of the left tube with the fimbriated extremity closed. The tube and ovary on the right side were removed and the left tube also. Dr.

Morgan was amazed that the woman was pregnant. She began to menstruate after a rest of two weeks in bed. The interesting feature was that the woman became pregnant after an infection which apparently closed both tubes.—*The Medical Brief.*

Gynecological Hints.

It is well to remember that sterility may be due to the husband, and therefore before any treatment is instituted a microscopic examination of the semen should be made to ascertain whether well-formed spermatozoa are present. In men who have had double orchitis from gonorrhea or mumps, you will frequently find that there are no spermatozoa, although in other particulars they may be in perfect health. Probably in not far from 5 per cent of cases sterility is due to the male.

In women, probably the most frequent causes of sterility are anteflexion of the uterus, stenosis of the cervical canal, and salpingitis. In the first two conditions sterility is probably due to the resulting endometritis more than to mechanical obstruction. Drainage of the uterus, by thorough dilatation or appropriate operation, will frequently produce a cure.

Inversion of the uterus may be mistaken for a polypus projecting from the cervical canal. Before operating, a careful differential diagnosis should be made, for the removal of a polypus is usually a simple procedure, whereas if part of an inverted uterus is cut off by mistake, the woman will probably die in a very few minutes from internal hemorrhage due to wounding of the ovarian and possibly the uterine arteries. As soon as these vessels are divided they retract into the abdominal cavity and are very difficult to reach. This accident has happened a number of times.—*International Journal of Surgery.*

Vomiting of Pregnancy, Treatment of.

Full observance of the hygiene of pregnancy is enjoined by the author in these cases. He recommends that the patient be given early in the morning a draught composed of magnesium

carbonate, 2 drams, magnesium sulphate, 1 ounce, mint water (1:40), 1 ounce; water, enough to make 8 ounces; a wineglassful to be taken early in the morning. Cascara sagrada is often prescribed, but must be considered only as a regulator of bowel action, not as a purgative. Laxatives should be given daily or every other day as required, and cascara given daily in small doses for about two or three weeks, after which no further medication of this kind will be required.

The diet should be free of rich or highly seasoned dishes. The evening meal should be light, and is usually best composed of some farinaceous article, such as thin porridge, gruel, or arrowroot. In patients obtaining no relief from sickness until the entire stomach contents have been evacuated, and when morning sickness is obstinate, it is well to encourage evacuation by the sipping of warm water. Absolute recumbency is necessary in severe cases. Koumiss is of value as a food, and may be utilized when nothing else is retained. Champagne half an hour before a meal is also beneficial.

In the matter of drugs, one finds it necessary to run the gamut of effervescing mixture, salicin in emulsion form, phenyl salicylate, compond tincture of cardamom in dram doses, antipyrin or acetanilide with sodium bromide, or even small enemata of chloral hydrate and potassium bromide. Cerium oxalate and cocaine are oftener useless than not. Landanum stupes on the epigastrium, the ether spray, blistering of the cervical spine, or ice-bags applied to the same locality generally depend for their success purely on psychical effect. Wine of ipecac in hourly minim doses is unquestionably of use in some patients. The most efficient preparation is found by the author to be validol, whether the vomiting be reflex, neurotic, or toxemic. Menthol, 1 part in 60 of water, with 30 parts of alcohol or brandy, or chloroform (3 to 6 drops on sugar or in water), are sometimes useful, but are less certain in their results.

Rectal feeding has, according to the author, a psychic effect apart from its other influences, and gastric lavage acts somewhat similarly, though the latter undoubtedly is also beneficial because of the coincident hyperchlorhydria or intermittent hypersecretion.

Mental therapeutics, or antihysteroid treatment, is demanded in the purely neurotic type of vomiting. Massage, and possibly some little mystification in the shape of the application of electricity or blisters, etc., will help in the cure.

The toxemic variety of vomiting, when positively diagnosed, calls for the immediate procuring of abortion, a course never to be undertaken except after consultation with a brother practitioner.—*Monthly Cyclopaedia and Medical Bulletin.*

Eclampsia, Puerperal, Treatment.

Combination of venesection with intravenous infusion of normal salt solution checked convulsions in 7 cases. Cleanse skin of arm, apply constricting band, expose median-basilic vein, and insert and tie in two thin-walled glass canulae, one pointing distally (for salt solution), other proximally. Bleed 10 to 15 ounces, stopping at first sign of weakened pulse, and introduce 1 to 2 quarts saline solution. This method indicated in many cases where convulsions appear after seven months of gestation and in all after eight months, in which other means do not relieve promptly and rapid delivery is for any reason impracticable. Plondke.—*Monthly Cyclopedia and Medical Bulletin.*

MEDICAL

Chemotherapy.

As is well known, this term has become the familiar designation for that form of therapeutics which seeks to destroy living parasites in the tissues by the selective action of certain diffusible substances which are powerless to injure the tissues of the host. It is essential that the remedy shall act through the medium of the circulation. In all probability the great internal remedies, some of which have been in use for centuries, owe their power over acute diseases largely to the possession of chemo-therapeu-

tic properties. We refer here chiefly to quinine, mercury, iodine, salicylic acid, and arsenic, all of which have been used empirically. Atoxyl against a trypanosome disease was presumably the first rational application of this principle, the benefits being ascribed here to the arsenic component of the molecule. Salvarsan marked a great advance in the same direction. At a recent meeting of the Gesellschaft der Charite Aerzte, Berlin (*Berlinger klinische Wochenschrift,* January 15), Morgenroth read a paper on the subject which we are considering. The trypanosome furnishes a good test object of a chemotherapeutic research, as various chemical substances are able to attack it in the tissues, and synthetic derivatives of quinine, notably ethylhydrocuprein, have been tested on both tryponosome and malaria parasites, as well as on various pathogenic bacteria, especially in the pneumococcus infection of mice. More recently attempts have been made to form a synthetic which shall exhibit the power of salicylic acid over rheumatism, and thus far this property appears to be possessed in some degree by para- and metaoxybenzoic acids. The latter has all the force of salicylic acid with great reduction of its toxicity.—*Medical Record.*

Esophageal Carcinoma, Hydrogen Peroxide in.

When the descent of food is hindered in cancer of the esophagus, the author recommends that the patient sip small amounts of hydrogen peroxide solution of 1 to 2 per cent strength. A cleansing of the cancerous surface occurs which is sufficient to allow of easy passage of the food. Even in cases where rectal feeding has been found necessary this plan will often succeed. The peroxide should be sipped at intervals of an hour.—*Monthly Cyclopedia and Medical Bulletin.*

Lumbar Puncture.

The diagnostic value of lumbar pucture has been firmly established, but its therapeutic value is not so generally known. H.

Curshman always punctures with the patient lying on his side instead of sitting up, and introduces the needle laterally. For diagnostic purposes, 8 to 10cc. should be withdrawn; for therapeutic purposes enough to restore the normal pressure of 120 to 150 mm. water. Lumbar puncture is indicated in all cases of acute and chronic meningitis, meningismus and non-inflammatory increase of fluid. Really marvelous results are seen in the so-called serous meningitis, no matter whether the fluid is normal or contains more albumin with lymphocytes in the sediment. The condition is analogous to edema in other parts of the body and is often cured by a single puncture, though the patient's condition may appear very alarming. Meningitis due to influenza is often cured by puncture and the same may be said of meningeal inflammation following erysipelas, though streptococcus meningitis secondary to ear trouble is less favorably affected, and the epidemic type of the disease usually also requires the injection of serum. Irrigation of the spinal canal with sublimate solution has been recommended in cerebro-spinal syphilis. The results are least satisfactory in tuberculosis meningitis, though a few cases have been reported cured. Some brilliant results have been published in internal hemorrhagic pachymeningitis. Lumbar puncture has also been tried in a variety of other affections, such as gastric crises, chorea, epilepsy, tetanus, incontinence of urine, Meniere's disease, itching dermatoses, etc. The author could see no good effects in uremia, probably because the exudation is cortical and parenchymatous. The small operation is usually harmless, yet care is in place, particularly in nervous and hysterical patients. There is only one condition where lumbar puncture is serious and may be followed by sudden death, namely, in tumors of the posterior fossa. The high pressure will drop suddenly and the patient may become deeply cyanotic and cease to breathe, while the heart will continue to beat for some time. The tumor is usually in the cerebellum or in the neighborhood of the aqueduct and the fall of pressure resulting from lumbar puncture will force it against the foramen magnum or fourth vertricle. In rare cases, there may be hemorrhage into the tumor.—Therap. d. Gegenwart, June, 1911.—*The Medical Fortnightly.*

Chromium Sulphate in Chronic Plumbism.

The past five or six months a case of chronic plumbism has been under my observation. The patient has for some years sought relief without avail. Even an appendectomy was done in the case under misconception of the cause of pain and colic. Being a printer and working with lead type there can be no mistake to assume that his pain and colic peculiar to lead poisoning are due to the saturnine metal. Wrist drop and a dark-bluish patch of lead sulphite on the lower gums substantiated the diagnosis.

The case gave me a great deal of concern. Being very enthusiastically recommended to him by a friend I was anxious to do something to make good. But how? That was the question. Everything had apparently been tried out in the routine of practice in these cases. I hardly felt grateful that my well-meaning but unsuspecting friend had so cordially urged this unfortunate man on to me. It appeared a thankless task.

The patient is but 35 years old, married and has a small family to support. He is proprietor of the printing shop making successful returns. He is loathe to abandon a well-paying business. So I advised him to do the outside work of soliciting trade and keeping away from the printing shop and its baneful influences, and leave the shop work to trustworthy help. Noticing, aside from this lead symptoms, that he was a very nervous subject, I happily thought of trying the use of chromium sulphate in the case. Now, after four months of its exhibition in the case I dare say that it is fair to report. This man has steadily improved under the faithful use of the chromium sulphate salt. His colicy spells of pain have become very much less frequent and decidedly milder under this treatment. The wrist drop is very markedly improved and his general nervous system very greatly restored. Thanks to the chromium sulphate; but only under its steady and faithful regularity of exhibition, as any laxity of the treatment soon tells. I watch this man with great interest and feel that by continuance of the faithful use of the chromium sulphate we may look ultimately for his complete recovery. The chemical nature of this drug must appeal to any one as a most likely efficient

agent against saturnism. So far, nothing has appeared in any medical literature, therefore, I call attention to this remarkable remedy in behalf of any case of lead poisoning in your hands. Try it out and let others hear the result.—*The St. Louis Medical Review.*

Drugs Which Do Sexual Harm.

As strychnine may do great harm in paralysis, so it may do injury in sexual debility by irritating the already irritated erection and ejaculation centers. It causes their exhaustion and thus makes bad matters worse.

As to tobacco, I can not speak from personal knowledge. The statement is generally made that excessive use of tobacco causes sexual impotence. I have not seen such instances. I have seen excessive smokers who were impotent, but in them the excessive consumption of tobacco went hand in hand with the excessive consumption of alcohol, and it was impossible to decide which agent was more to blame. Morphine and cocain in small doses stimulate the sexual desire, but that chronic morphinists and cocainists are impotent is well known. The same is probably true of the habitual use of cannabis indica.

As to the injurious effects of the bromides, particularly potassium bromide, I have seen very sad cases. Some highminded young men considering extramarital intercourse morally wrong, decided to repress their sexual desires by the use of potassium bromide. At the advice of a young physician, they took 30 to 60 grains (2 to 4 grams) every night for a period of several months. Two of the young men kept up the bromide, with some intermissions ,for over two years. They all succeeded in repressing, in suppressing their desires. But, unfortunately, they also succeeded in several other things: they succeeded in ruining their digestion, in getting a nice crop of bromide acne that was very resistant to treatment, and in becoming impotent. — *Practical Medicine.*

Two Cases of Exophthalmic Goitre Cured by Organotherapy.

Regnault at the Societe de Therapeutique gave the history of two cases of exophthalmic goitre (*Bull. gener, de Therap.,* June 8, 1911, with typical symptoms that have been treated by ovotherapy. He had waited for several years before reporting them in order that it may not be said that the cures were only transitory. They had been treated by small doses of hematoethyrodine (which is a glycerinated product containing the total blood of an animal that has been deprived of its thyroid) and also dried ovarian powder. The reason for the treatment was that there seems to exist a functional antagonism between the internal secretions of the thyroid and the ovary, on the other hand, because of the etiology of the disease which, in these two cases first showed itself by cessation of menstruation. One case has remained cured for three years and the other for two.—*La Tribune Medicale.*

Treatment of Affections of the Mammary Glands During Lactation.

Dr. A. Schiller (*Wien. klin. Wochensch.,* No. 26, 1911), considers mastitis in nursing women as almost always due to stasis, caused by insufficient evacuation of the glands. The infection of the stagnant secretion is due to bacteria which under normal conditions vegetate in the lacteal ducts without giving rise to any mischief. If infection, as is commonly assumed, resulted from fissures we would more frequently observe cutaneous inflammation, plegmons or erysipelas of the integument of the breast. Although mastitis occurs quite often in breasts with fissured nipples, this does not, in Schiller's opinion, contradict his own views as to its origin. As regards treatment, he is especially impressed with the value of Bier's status hyperemia, which gives a prompt cure in the early stages and prevents suppuration. If pus has formed, nursing should be continued on the healthy as well as the affected side if the abscess is so situated that the nipple need not be bandaged. Large incisions and drainage are preferable to

punctures and hyperemia. As soon as possible after operation the child should be allowed to nurse on the affected side. As a rule, normal lactation is restored within a few weeks. With reference to the treatment of fissures at the nipples, Schiller recommends a naphthalin ointment, consisting of boric acid, 5.0, zinc oxid 10.0, naphthalin and lanolin, of each 25.0. Before every nursing the nipple should be cleansed with oil and cotton, some milk expressed, and the child then placed to the breast. After nursing is completed the salve should again be applied. As according to Schiller's plan nursing is allowed at intervals of four hours, one breast being given on each occasion, sufficient time is allowed for cicatrization in the affected breast. Even if the fissures are extremely painful anesthetic ointments are to be avoided, because they delay healing.—*The American Practitioner and News.*

Diagnostic Importance of Hemoptysis.

W. B. Bartlett concludes from his study of the subject that bleeding from the upper air passages must be ruled out by careful inspection and history. Hemoptysis may occur in certain constitutional or blood diseases as merely another manifestation of the general tendency to bleed. Hemoptysis frequently occurs in broken compensation in heart disease and may occur in mitral stenosis as the only symptom of failing compensation. In such cases tuberculosis is frequently suspected; it is, however, rarely found. Ninety per cent of all hemoptyses are due to pulmonary tuberculosis. As a rule definite signs and symptoms do not develop for months or even years. Hemoptysis may occur in any ulcerating or eroding pulmonary disease. It should, therefore, be expected in abscess, gangrene, bronchiectasis, or pulmonary cirrhosis. In such cases careful study of the signs and symptoms and frequent examinations of the sputum will usually suffice to rule our tuberculosis. Hemoptysis in pneumonia, bronchitis, asthma or following trauma should lead to the suspicion of an underlying tuberculous process. It is very doubtful if

vicarious menstruation of hysteria can produce hemoptysis in normal lungs. Hemoptysis occurring without warning in young and healthy adults and passing off without the development of further signs or symptoms of tuberculosis is probably of tuberculous origin and should be so treated. Bronchopulmonary hemorrhage without definite symptoms or signs of cardiac or ulcerative pulmonary disease is due in nearly every instance to tuberculous infection, which is merely another way of saying that hemoptysis should be considered as due to pulmonary tuberculosis unless proved to be due to some other cause—*Medical Record.*

Small Doses of Thymol for Hookworm.

In extra severe cases of hookworm infection, with a patient in much weakened condition, Stiles has found that the usual method of giving thymol may be modified to some extent. Instead of giving a preliminary dose of magnesium sulphate, none is given, and, depending on the condition of the patient, a small dose (10 gr. or somewhat more) of thymol is given and this is repeated one or two or three times at intervals, the patient in the meantime gaining strength. Some of the hookworms are thus eliminated, and when the patient has gained sufficient strength, if necessary, the usual routine is carried out and the full dose given. By this method the element of safety for the patient is increased to the maximum by treating along very conservative lines. (Public Health Reports.)—*The Journal of the American Medical Assoication.*

The Seriousness of Measles.

Physicians in this and other countries are beginning to regard measles in its true light, that of a disease serious in its menace to health and life. Reports recently of the death rate from measles have revealed the fact that it is by no means a disease to be treated lightly. When it attacks adults it generally leaves in its

wake a train of dangerous sequelae. Sir John F. H. Broadbent, writing in the *Practitioner* for October, draws attention to the lack of wisdom shown by medical men in Great Britain in allowing the old belief that measles was a trifling complaint to be perpetuated. It seems that it is not even a notifiable disease in London, and few, if any measures are taken to hinder the spread of infection. That it is acutely infectious in the catarrhal stage is well known, but on account of the ignorance of parents it is seldom that attempts are made to carry into effect the lesson to be learned from this fact. Dr. Sykes, medical officer of health for St. Pancras, goes so far as to recommend that inasmuch as the mortality from measles is mainly among children under five years of age, and infection is spread chiefly through the convergence of a large number of children to different centers, such as schools, all children under five years of age should be permanently excluded from the elementary schools. The great mortality that not infrequently accompanies an epidemic of measles, for example the mortality in the recent epidemic in London, is invariably due to neglect of precautions in the early stages of the disease.—*Medical Record.*

Editorial

PUBLISHER'S NOTICE—The Journal is published in monthly numbers of 48 pages at $1.00 a year, to be always paid in advance.

All bills for advertisements to be paid quarterly, after the first insertion of the quarter.

Business communications, remittances by mail, either by money order, draft, or registered letter, should be addressed to the Business manager, C. S. Briggs, M. D. corner Summer and Union Streets, Nashville, Tenn.

All communications for the Journal, books for review, exchanges, etc., should be addressed to the Editor.

OUR PREMIUMS.

With the last issue of the Journal, we offered a handsome premium of a clinical thermometer to every new subscriber, and to all the old subscribers who would pay the arrears on their subscriptions. In response to this offer a great many new subscriptions have been sent in and the mailing list of the Journal has been materially increased. The supply of thermometers has not as yet been entirely exhausted and we will take pleasure in mailing a thermometer to any one who sends in his name as a subscriber with the subscription price of the Journal ($1.00) and to any old subscriber who will remit for past dues. As an additional inducement to those in arrears we will give one year's subscription from date on receipt of remittance for past dues, besides the thermometer.

In this number we publish, as may be seen from the announcement in the advertising form, an attractive clubbing rate with *Successful Medicine,* an excellent publication treating of the business side of physicians, edited by Dr. Henry R. Harrower, of Chicago. For one year's subscription to the Journal ($1.00), or for old subscribers who will remit what is due for past subscriptions, we will send for one year the *Nashville Journal of Medicine and Surgery, Successful Medicine* for the same length of time, and an excellent clinical thermometer. Surely this is an attractive offer, and the profession should not be slow to take

advantage of it. Names should be sent in promptly and without delay. Do not put this off, but write a check for $1.00 or get a P. O. order or registered letter for this amount and mail to the Journal's address. It is but very little trouble, it is a small amount, and any one who takes advantage of the liberal offer will get for $1.00 one year's subscription to the Journal, one year's subscription to *Successful Medicine* and a handsome certified clinical thermometer in case with chain.

Dr. T. D. Crothers.

Our readers will be interested in the paper by this eminent writer which appears in this issue of the Journal. Dr. Crothers is widely known for his many valuable papers on inebriety and kindred subjects which have appeared from time to time in medical journals. Our thanks are also due Dr. Crothers for a complimentary copy of the Transactions of the National Medico-Legal Society of which body he is the honored president, and which contains his most admirable address as president of the body. We hope in the future to have more contributions from this distinguished writer.

Facing a Jury.

The uncertainty of a jury's findings was illustrated recently at Indianapolis. A young woman brought suit against a druggist, alleging that when she had a prescription refilled oil of tar was substituted for liquid tar. This resulted in a burn of the face, caused her eyes to swell and to lose her eyebrows and otherwise to injure her. It had been suggested that oil of tar had been substituted for liquid tar, though no testimony was offered to support this allegation by an expert or anyone else; nor was any analysis of the refill made. The drug clerk testified that there had been no substitution. Drs. A. W. Brayton, Professor of Dermatology; S. E. Earp, Professor of Clinical Medicine, and W. H. Foreman, Professor of Therapeutics, formerly Professor of Chemistry in the Indiana University School of Medicine, testi-

fied strongly in favor of the defendant, each one having used the prescription with and without the alleged substitute, both upon their own persons and on that of others. Dr. T. Victor Keene, a member of the Indianapolis Board of Health, expert, also testified for the defense. No testimony in rebuttal was offered, depending entirely on the testimony of the young woman. The plaintiff did not even call the physician who treated her, yet the intelligent jury gave the young woman $150.00 damages.—*E. S. McK.*

Death of the Oldest Man in Tennessee.

The morning papers announce the death of probably the oldest man in the State of Tennessee—Antonio Gotto—a resident of Davidson County, at the age of 103 years. He died at his home near Una, Tenn., March 13. He was certainly a remarkable man, as he was known to walk frequently to Nashville, a distance of over six miles, after he had passed the century mark.

Several to whom we have sent thermometers have written that the thermometers were received broken, although they had been mailed in strong wooden boxes made for shipping. Of course we sent duplicates at once, and will be glad to hear of any other such mishaps.

Bacteriologist (Male).
Philippine Service. April 6, 1912.

The United States Civil Service Commission announces an examination to secure eligibles from which to make certification to fill a vacancy in the position of research in the biological laboratory of the Bureau of Science, Manila, Philippine Island, at a salary of $2,500 a year, and vacancies requiring similar qualifications as they may occur in the Philippine Service, unless it is found to be in the interest of the service to fill the vacancy by reinstatement, transfer, or promotion.

It will not be necessary for applicants to appear at any place for examination. Their eligibility will be determined upon the evidence furnished in connection with application and examination Form B, I, A, 2, concerning their training and the work which they have accomplished.

Applicants may, if they desire, submit with their applications copies of theses or publications which have been prepared by them.

This position is for a research bacteriologist with clinical experience, and applicants must be graduates in medicine; in addition they must show that they have specialized extensively in bacteriology and are capable of doing original research work. The ordinary bacteriological training incident to a medical course or a hospital interneship will not be considered in this connection.

All statements relating to training, experience, and fitness are subject to verification.

Applicants must be willing to enter into a contract requiring at least two years' residence in the Philippine Islands.

The work comprises investigations in tropical medicine in conjunction with the chief of the biological laboratory, who is also professor of tropical medicine in the College of Medicine and Surgery. The clinical material of the Philippine General Hospital and the hospital of the Government prison will be available for study in connection with bacteriological investigation. It is stated by the Bureau of Science that opportunities exist for promotion to higher places as vacancies occur, and at present there are six positions in this laboratory above the one in question, at salaries ranging from $2,500 to $5,000. The library of the Bureau of Science and the equipment are of the very best and strictly modern, so that this position offers a unique opportunity for a young man who is ambitious and who desires to make a name in research work in this specialty.

Age limit, 18 to 40 years on the date of the examination.

The medical certificate on Form 2 must be filled in by some officer in the service of the United States. Applicants should appear before medical officers of the Army, Navy, Indian, or Public Health and Marine-Hospital services. If such an officer can not be conveniently visited, a pension-examining surgeon may exe-

cute the certificate. Special arrangements have been made with pension-examining boards throughout the country to give such examination for a fee of $2, to be paid by the applicant. This certificate must not be executed by the family physician of the applicant. The medical officer should indicate his rank or official designation on such certificate. When it is impracticable, by reason of the applicant's distance from a Government physician or a pension-examining surgeon, to have the medical certificate executed by such physician, it may be executed by any reputable physician. Such person may be required to undergo another examination in case of appointment.

Each applicant will be required to submit with his application a photograph of himself, taken within three years, which will be filed with his papers as a means of identification in case he receives appointment. An unmounted photograph is preferred. The name and date of examination, the competitor's name, and the year in which the photograph was taken should be indicated on the photograph.

This examination is open to all citizens of the United States who comply with the requirements.

This announcement contains all information which is communicated to applicants regarding the scope of the examination, the vacancy or vacancies to be filled, and the qualifications required.

Special attention is invited to the favorable conditions in respect to transportation, leave of absence, clothing, etc., in this service printed hereon.

Applicants should at once apply for Form B. I. A. 2 to the United States Civil Service Commission, Washington, D. C., to the secretary of the board of examiners, postoffice, Boston, Mass., Philadelphia, Pa., Atlanta, Ga., Cincinnati, Ohio, Chicago, Ill., St. Paul, Minn., Seattle, Wash., San Francisco, Cal.; customhouse, New York, N. Y., New Orleans, La., Honolulu, Hawaii; old customhouse, St. Louis, Mo.; or to the chairman of the Porto Rican Civil Service Commission, San Juan, P. R. No application will be accepted unless properly executed, including the medical certificate, and filed with the Commissioner at Washington prior to the hour of closing on April 6, 1912. In applying for

this examination the exact title as given at the head of this announcement should be used in the application.

Issued March 6, 1912.

N. A. R. D. Notes.

Attention is called to notes of the National Association of Retail Druggists, which appears for the first time in this issue of the Journal. This establishes a new and important department for this publication, and we hope that these notes will appear regularly hereafter under the editorship of a local pharmacist, whom we shall appoint later. The importance of these notes is manifest, as they serve to acquaint physicians with properties and formulas of preparations in common use in the practice of medicine.

We call the attention of our readers to the excellent article appearing in this issue translated from the German by Dr. Howard S. Jeck of this city. The work of translation has been excellently done, and the subject of which it treats of the greatest interest to the profession. We hope that this paper will be followed by others from the facile pen of our talented young friend.

The electroplate of *Successful Magazine* has not yet been received, so that it will not appear in this number of the Journal. The proposition still holds: For $1.00—one year's subscription to *Nashville Journal of Medicine and Surgery*—one year's subscription to *Successful Medicine,* and a clinical thermometer. Fill out coupon or application blank and take advantage of this liberal offer.

Reviews and Book Notices

Pellagra.—By George M. Niles, M.D., Professor of Gastro-enterology and Therapeutics in the Atlanta School of Medicine, Atlanta, Ga. Octavo of 253 pages. Illustrated. Philadelphia and London. W. B. Saunders Company. 1912. Cloth, $3.00 net. W. B. Saunders Co., Philadelphia. London.

Our thanks are due the enterprising publisher for a copy of this timely work. It is a treatise upon an old disease in which from its alarmingly increasing prevalence of late years in this country, especially in the Southern section of the United States, the profession has displayed the greatest interest and activity. The author in the work he has presented on this subject has made a most exhaustive exposition of the disease so that the practitioner who desires to post himself on the disease in all its phases can do so without having to delve in a mass of scattered literature in order to do so. The etiologic and pathologic features of pellagra though still unsolved problems are discussed from every standpoint. The symptomatology is given carefully and exhaustively, and the terminations and treatment thoroughly handled. As stated above, the work is decidedly timely in its appearance, and in view of the widespread prevalence of the disease, and, without reflection upon the profession of today, in view of the ignorance of physicians as to the symptomatology and the course of the disease, we consider the book a most valuable addition to present day medical literature. We feel sure the profession will eagerly welcome the work and equally sure that it will prove of the greatest value in the hands of the physician. We have read the work carefully through and recognize fully the merits of the book. We do not hesitate to recommend it to our readers and urge them to supply themselves with a copy.

Blakiston's Quiz Compends?—A Compend of Genito-Urinary Diseases and Syphilis, Including Their Surgery and Treatment, by Charles S. Hirsch, M.D., Formerly Assistant in the Genito-Urinary Surgical Department, Jefferson Medical College Hospital; Consulting Physician,

Social Service Hospital and Juvenile Protection Association, Philadelphia, with 74 Illustrations. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut Street. 1912.

The second edition of this excellent number of Quiz compend series is before us. We are immensely pleased with it and think it possesses unequalled advantages for presenting in condensed form the subject matter to the student and practitioner. It certainly is the best of its class and ought to become popular with the profession. The second edition has been thoroughly revised and brought fully up with the most recent advances in this department. We have been especially pleased with the chapter on Syphilis, in which the author presents in the most lucid manner the serum diagnosis of syphilis, giving in detail the principles and technic of the Wasserman and Noguchi tests. This chapter of itself makes it of exceptional value as a work of reference for the practitioner. The treatment of syphilis by the salvarsan method is clearly and succinctly given in such a way as that it may serve as a guide to any one who desires to employ this new discovery. In our opinion this excellent compound should be recommended by teachers of Genito-Urinary Diseases over and above many of the more pretentious text-books upon the subject. The author is to be congratulated upon having given us such a perfect book of its class.

Thirty-eighth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the Fiscal Year Ending June 30, 1910. By Authority Lansing, Michigan. Wynkoop-Hallenbeck-Crawford Co., State Printers. 1911.

This annual report of the Michigan State Board of Health is even more interesting than that of former volumes as showing the character of work done by this well organized and thoroughly efficient Board of Health. Sanitary measures are treated of in the most up-to-date manner, and the work is thoroughly illustrated whenever necessary. The statistics of communicable diseases are tabulated in such a manner as to make reference easy. The State of Michigan should be proud of the work of its Board of Health as demonstrated in this well arranged report.

Publisher's Department

"For some years there has been a tendency among the profession to use sodium salicylate to the practical exclusion of other agents in the treatment of acute articular rheumatism. Even the therapeutic nihilist has conceded to sodium salicylate the first place in rheumatism, as he accords it to quinine in malaria, or to anti-toxin in dipheheria."

"The recent reports by Menzer, a surgeon in the German army, tend to discredit the too implicit faith placed in the use of the salicylates alone in acute articular rheumatism. It is not denied that the salicylates pushed to effect will alleviate the symptoms, but he asserts that cases so treated are more subject to relapse and to permanent deformity than are those in which other remedies are exhibited, and that there should be incorporated with the salicylates other agents which will not encourage injurious complications."

In Tongaline, sodium salicylate from the natural oil is combined with tonga, colchicum, black cohosh and pilocarpin, whereby the organs of elimination are greatly stimulated, so that prompt and efficient results are secured without the necessity of such large doses of the salicylates as to secure any harmful effects.

Pepsin is undoubtedly one of the most valuable digestive agents of our Materia Medica, provided a good article is used. "Robinson's Lime Juice and Pepsin" (see page —— this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of this palatable preparation use the purest and best Pepsin, and that every lot made by them is carefully tested before offering for sale, is a guarantee to the physician that he will certainly obtain the good results he expects from Pepsin.

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ELEGANT
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Attention is called to the EXCELLENCE and VALUABLE THERAPEUTIC PROPERTIES of these PREPARATIONS

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NUTRITIVE, TONIC, ALTERATIVE.

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"	Quinine - -	¾ "
"	Manganese -	1½ "
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DOSE—One to four fluidrachms.

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This preparation does not precipitate—retains all the salts in perfect solution.

Robinson's LIME JUICE and PEPSIN

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An exceedingly valuable Combination in cases of Dyspepsia, Indigestion, Biliousness, Heartburn and Mal-Assimilation.

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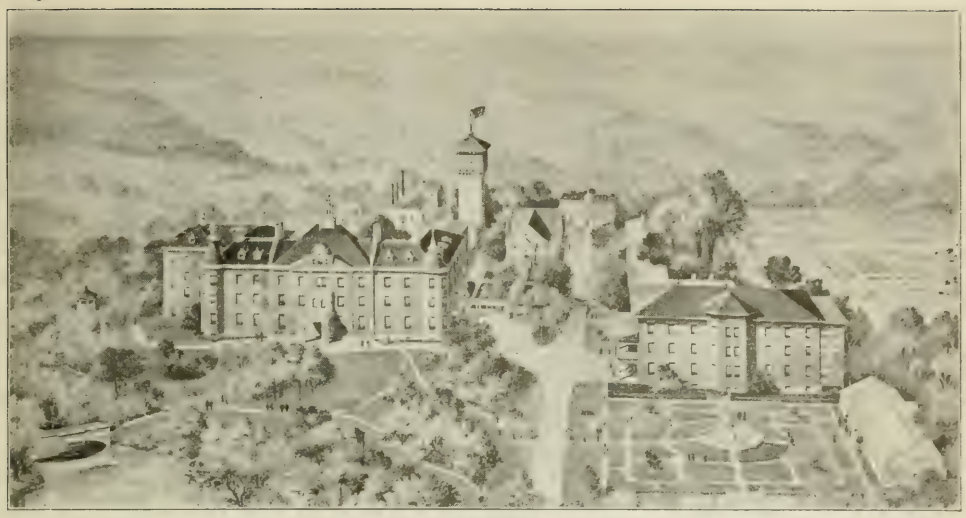

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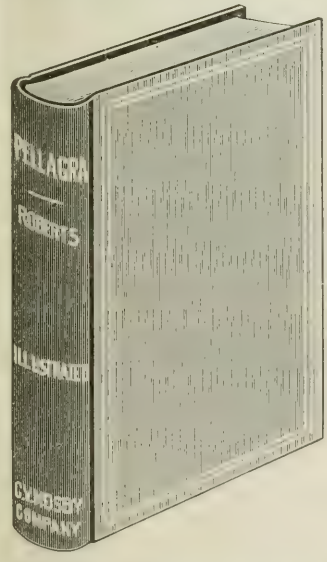

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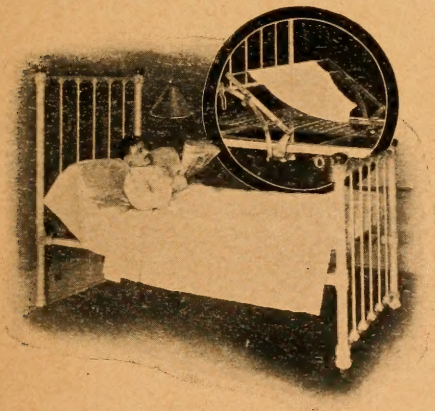

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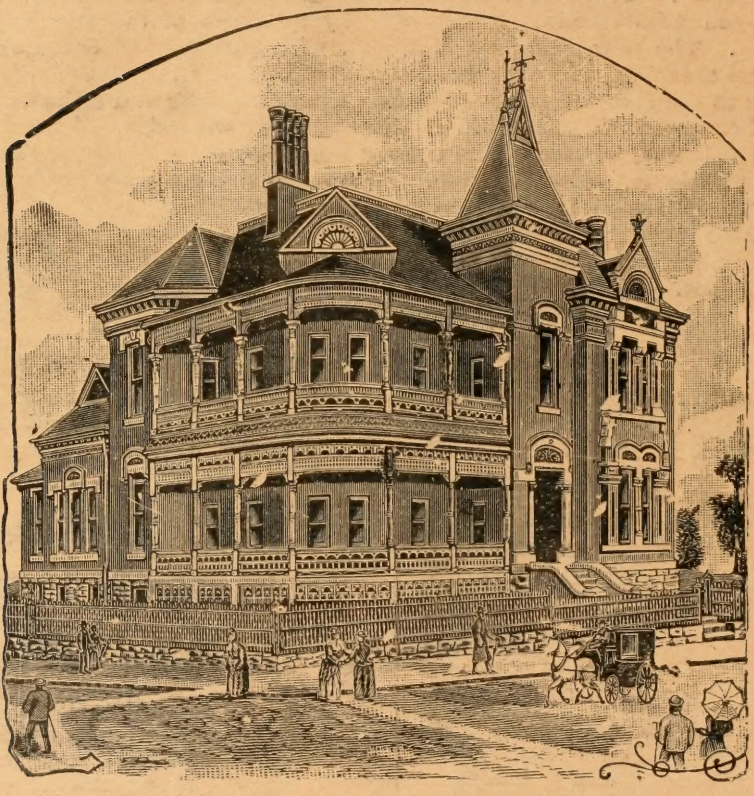

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